P06625US00

Approved for use through 07/31/2003. OMB 0651-0032 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

Attorney Docket Number

First Named Investor

**DECLARATION FOR UTILITY OR** 

DESIGN			DCOSTA, Mikeil I., et al.				et al.
PATENT APPLICATION (37 CFR 1.63)			COMPLETE IF KNOWN				
			Application	Number			
Declaration	Declaration		Filing Date	<del></del>			
Submitted OR With Initial	Submitted after Initial Filing (surcharge	ted after Initial	Art Unit	<del></del>			·
Filing	(37 ČFI	R 1.16 (e))	Examiner N	lame			
	require	d)				<del></del>	
I hereby declare that:							
Each inventor's residence, ma	iling address, a	and citizenship are a	s stated b	elow next to	their name.		
I believe the inventor(s) name which a patent is sought on the	d below to be to	he original and first i itled:	inventor(s)	of the subje	ct matter wh	nich is claim	ned and for
IMPROVED WASHIN	G MACHIN	E WITH TILT-C	OUT I AI	JNDRY A	SSEMBI	Y	
			O I Li		OOLIVIDE	- '	
							:
						, ,	
the specification of which		(Title of the I	nvention)				
is attached hereto							
OR			1				
was filed on (MM/DD/Y	YYY)		as Unit	ed States Ap	plication Nu	umber or P0	CT International
Application Number		and	- (BABA/F	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
		and was amended	•	<i>'</i> [			(if applicable).
I hereby state that I have reviewamended by any amendments	ewed and under specifically refe	rstand the contents o erred to above.	of the abo	ve identified s	specification	n, including	the claims, as
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for							
continuation-in-part application	ns, material info	ormation which beca	ame avail:	able betweer	n the filing o	date of the	prior application
and the national or PCT international filing date of the continuation-in-part application.							
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one							
country other than the United States of America, listed below and have also identified below, by checking the box, any foreign							
application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.							
Prior Foreign Application Number(s)	Country	Foreign Filing		Prior			opy Attached?
Numbertsi	Country	(MM/DD/YYY	1)	Not Cla	ilmea	Ye	s No
				느	7		
				느	_		
×				<u>L</u>	_	▎▕▃▏	
					<u> </u>		
Additional foreign applicat	ion numbers ar	re listed on a suppler		ority data she	et PTO/SB	/02B attach	ed hereto.

[Page 1 of 2]

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

PTO/SB/01 (06-03)

Approved for use through 07/31/2003. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

## **DECLARATION** — Utility or Design Patent Application

<del>-</del>	1								
Direct all correspondence to:			2	7139		OR		Corresp	ondence address below
Name									
Address									· · · · · ·
									·
City				State					ZIP
Country		Telephone				Fax			
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.									
NAME OF SOLE OR FIRST II	NVENTOR:	] [	ДАр	etition	has be	en filed	d for thi	s unsign	ned inventor
Given Name						amily I			
(first and middle [if any])		Mikeil I.			OI	r Surn	ame		Dcosta
Inventor's Signature	1 wst	-a_							Date 3 /10/04
Residence: City	State		-	Coun	try			Citizer	nship
Newton		lowa				US			India
Mailing Address 510 East 17th Street South - Apt. 44									
City	State				ZIP				Country
Newton		lowa				50	0208		US
NAME OF SECOND INVENTOR:  A petition has been filed for this unsigned inventor									
Given Name						mily N			
(first and middle [if any])	Ch	ristopher A.			or	Surna	me		Sears
Inventor's Signature	t A.	Scan							Date 3-10-04
Residence: City	State			Coun	try			Citizen	nship
Monroe		Iowa		_		US			US
Mailing Address 607 West Washington Street									
City	State				ZIP			Countr	ТУ
Monroe	lowa			50170			us		
Additional inventors or a legal n	epresentative are bein	no named on the		uppleme	ental shee	et(s) PT(	D/SB/02A	or 02LR a	attached hereto

Please type a plus sign (+) inside this box —

PTO/SB/81 (10-00)

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it display a valid OMB control number.

## **POWER OF ATTORNEY OR AUTHORIZATION OF AGENT**

Application Number	
Filing Date	
First Named Inventor	DCOSTA, Mikeil I., et al.
Group Art Unit	
Examiner Name	
Attorney Docket Number	P06625US00

I hereby appo	int·		_				
Practition OR	ners at Customer Number ner(s) named below:	27139	□	Place Customer Number Bar Code Label here			
	Name		Regist	tration Number			
	as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.						
	the correspondence address t mentioned Customer Numbe		fied application	on to:			
Firm or							
Individual Na	ame						
Address		_					
Address							
City		S	State	Zip			
Country Telephone			·				
	-,- <u> </u>		ax				
l am the:  ☑ Applicant/Inventor.							
Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).							
SIGNATURE of Applicant or Assignee of Record							
Milrail I. Decete							
Name	With the Colonian Col						
Signature							
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple							
NOTE: Signatures of all forms if more than one:	I the inventors or assignees of record signature is required, see below*.	d of the entire interest or	their represent	ative(s) are required. Submit multiple			
✓ *Total of2	forms are submitted.			-			

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box

PTO/SB/81 (10-00)

Approved for use through 10/31/2002. OMB 0651-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it display a valid OMB control number.

## POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number		
Filing Date		
First Named Inventor	DCOSTA, Mikeil I., et al.	
Group Art Unit		
Examiner Name		
Attorney Docket Number	P06625US00	

I hereby appoint:						
OR	tioners at Customer Number	27139		Place Customer  Number Bar Code  Label here		
	Name		Regis	stration Number		
<u> </u>						
	-		<u> </u>			
	torney(s) or agent(s) to prose the United States Patent and					
Please change the correspondence address for the above-identified application to:  The above-mentioned Customer Number.  OR						
Firm <i>or</i>	Firm or Individual Name					
Address						
Address						
City			State	Zip		
Country		1				
Telephone			-ax			
l am the:  ✓ Applicant/Inventor.						
Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).						
SIGNATURE of Applicant or Assignee of Record						
Name Christopher A. Sears						
Signature Ottos A San						
Date 3-10-04						
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.						
Total offorms are submitted.						